Exhibit E

QuestQuanum

FERNANDEZ,JUAN ⚠

DOB [redacted]983
Sex M
Phone
Patient D 66884-112

Age 36Y
Fasting

Specimen 79172-A01853
Requisition A01853
Lab Reference D A01853
Report Status F NAL / SEE REPORT

Collected 08/04/2020 10 00
Received 08/04/2020 17 13
Reported 08/04/2020 21 05

Client # 79172
GREEN,M
FC Phoenix Health Services
Attn Jennifer Reed Phx Busines
37900 N 45th Ave
Phoenix, AZ 85086
Phone (623) 465-9757
Fax (623) 465-5116

Fas ng: Unknown

⚠ CBC w/ Differential, w/ Platelet (FINAL)

Lab: PAZ

Analyte	Value		
WBC (6690 2)	9 0	Reference Range 4 0 11 0 k/mm3	FINAL
RBC (789 8)	4 54	Reference Range 4 30 6 00 m/mm3	FINAL
⚠ **Hemoglobin** (718 7)	**12.7 L**	Reference Range 13 0 18 0 g/dL	FINAL
⚠ **Hematocrit** (4544 3)	**38.7 L**	Reference Range 40 0 53 0 %	FINAL
MCV (787 2)	85 2	Reference Range 78 0 100 0 fL	FINAL
MCH (785 6)	28 0	Reference Range 27 0 34 0 pg	FINAL
MCHC (786 4)	32 8	Reference Range 31 0 37 0 g/dL	FINAL
P a e e Coun (777 3)	267	Reference Range 130 450 k/mm3	FINAL
RDW(sd) (21000 5)	44 0	Reference Range 38 0 49 0 fL	FINAL
RDW(cv) (788 0)	14 1	Reference Range 11 0 15 0 %	FINAL
MPV (776 5)	11 0	Reference Range 7 5 14 0 fL	FINAL
Segmen ed Neu roph s (770 8) Automated Diff	54 3	%	FINAL
Lymphocy es (736 9)	31 7	%	FINAL
Monocy es (5905 5)	10 1	%	FINAL
Eos noph s (713 8)	3 1	%	FINAL
Basoph s (706 2)	0 4	%	FINAL
Abso u e Neu roph (751 8)	4 90	Reference Range 1 60 9 30 k/uL	FINAL
Abso u e Lymphocy e (731 0)	2 87	Reference Range 0 60 5 50 k/uL	FINAL
Abso u e Monocy e (742 7)	0 91	Reference Range 0 10 1 60 k/uL	FINAL
Abso u e Eos noph (711 2)	0 28	Reference Range 0 00 0 70 k/uL	FINAL
Abso u e Basoph (704 7)	0 04	Reference Range 0 00 0 20 k/uL	FINAL
mma ure Granu ocy es (71695 1)	0 4	%	FINAL
Abso u e mma ure Granu ocy es (53115 2)	0 04	Reference Range 0 00 0 10 k/uL	FINAL
NRBC RE Nuc ea ed Red B ood Ce Percen (772 4)	0 0	Reference Range 0 0 1 0 %	FINAL

⚠ Comprehensive Metabolic Panel (FINAL)

Lab: PAZ

Analyte	Value		
G ucose (2345 7) Glucose reference range reflects fasting state.	84	Reference Range 65 99 mg/dL	FINAL

⚠ **Urea Nitrogen (BUN)** (3094 0)	**42 H**	Reference Range 8 25 mg/dL	FINAL
⚠ **Creatinine** (2160 0)	**6.10 H**	Reference Range 0 60 1 50 mg/dL	FINAL
⚠ **GFR Estimated (Non-African American)** (88294 4)	**11 L**	Reference Range > 60 mL/min/1 73m2	FINAL
⚠ **GFR Estimated (African American)** (88293 6)	**12 L**	Reference Range > 60 mL/min/1 73m2	FINAL
⚠ **BUN/Creatinine Ratio** (3097 3)	**6.9 L**	Reference Range 10 0 28 0	FINAL
Sod um (2951 2)	142	Reference Range 134 147 mmol/L	FINAL
Po ass um (2823 3)	4 3	Reference Range 3 6 5 3 mmol/L	FINAL
Ch or de (2075 0)	104	Reference Range 95 108 mmol/L	FINAL
Carbon D ox de (CO2) (2028 9)	25	Reference Range 19 31 mmol/L	FINAL
An on Gap (10466 1)	14	Reference Range 4 18	FINAL
Pro e n To a (2885 2)	6 7	Reference Range 6 0 8 0 g/dL	FINAL
A bum n (1751 7)	3 7	Reference Range 3 6 5 1 g/dL	FINAL
G obu n (2336 6)	3 0	Reference Range 1 9 3 7 g/dL	FINAL
A bum n/G obu n Ra o (1759 0)	1 2	Reference Range 1 0 2 5	FINAL
Ca c um (17861 6)	9 2	Reference Range 8 7 10 4 mg/dL	FINAL
A ka ne Phospha ase (6768 6)	79	Reference Range 40 140 U/L	FINAL
A an ne Am no ransferase (1742 6)	15	Reference Range 5 60 U/L	FINAL
Aspar a e Am no ransferase (1920 8)	19	Reference Range 10 50 U/L	FINAL
B rub n To a (1975 2)	0 2	Reference Range 0 2 1 3 mg/dL	FINAL

⚠ Hemoglobin A1c With eAG FINAL

Lab: PAZ

Analyte	Value		
⚠ **Hemoglobin A1c** (4548 4)	**8.8 H**	Reference Range < 5 6 %	FINAL

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The American Diabetes Association (ADA) guidelines for interpreting
Hemoglobin A1c are as follows:
Non Diabetic patient:                                  <=5.6%
Increased risk for future Diabetes:                5.7 6.4%
ADA diagnostic criteria for Diabetes:               >=6.5%

Values for patients with Diabetes:
Meets ADA's recommended goal for therapy:        <7.0%
Exceeds ADA's recommended goal:                  7.0 8.0%
ADA recommends reevaluation of therapy:           >8.0%
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Es ma ed Average G ucose (eAG) (27353 2)	206	Reference Range Not Established	FINAL

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If the presence of a hemoglobin variant is suspected, do not use %
HbA1c results for diagnosis of diabetes mellitus.

In uncontrolled diabetics, high levels of Hemoglobin   (Hb  ) may be
present.  Presence of Hb   greater than 7% of total may result in lower
than expected % HbA1c.

Any cause that shortens erythrocyte survival or decreases mean
erythrocyte age may reduce expected % HbA1c values even in the presence
of elevated average blood glucose.  Causes may include hemolytic
disease, homozygous sickle cell trait, pregnancy, and recent
significant/chronic blood loss.  In addition, recent blood transfusions
can alter expected % HbA1c values.
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Performing Sites

PAZ Sonora Ques Labora or es 424 S 56 h S Phoen x AZ 85034

Key

Pr or y Ou of Range ⚠ Ou of Range (PEND) Pend ng Resu (PRE) Pre m nary Resu (FINAL) F na Resu (RE) Re ssued Resu

Associated Retina Consultants, LTD - PHX
1750 E GLENDALE AVENUE PHOENIX, AZ 85020-4305
(602) 242-4928 Fax: (602) 249-4813

Juan Fernandez
Male DOB: [redacted]1983 136713 Ins: NAPHCARE

Smokeless Tobacco Usage: Never

Drug Use: no

HIV High Risk Behavior: no

Alcohol Use: no

Exercise: no

Caffeine use (drinks/day): 2
Seatbelt Use: 100 %
Sun Exposure: rarely

Review of Systems
Reviewed by BB - 03/11/2020
Eyes: The patient complains of blurring and irritation. The patient denies diplopia, discharge, vision loss, eye pain, photophobia, floaters, flashes, distortion, and blind spots.
Allergic/Immunologic: The patient denies urticaria (rash), hay fever, persistent infections, and HIV exposure.
Endocrine: The patient denies intolerance of heat, intolerance of cold, diaphoresis (excessive sweating), exophthalmos (bulging eye), goiter (swelling of thyroid), and polyphagia (excessive hunger). NIDDM
Cardiovascular: The patient denies chest pains, palpitations (abnormal heartbeat), syncope (fainting), dyspnea on exertion (shortness of breath), orthopnea (difficulty breathing while lying down), PND (attacks of severe shortness of breath/coughing during sleep), and peripheral edema (swelling in legs/feet/hands).
Respiratory: The patient denies cough, dyspnea (shortness of breath), excessive sputum (mucus), hemoptysis (bloody mucus), wheezing, and sleep apnea.
General: The patient denies fevers, chills, sweats, anorexia, fatigue, malaise (vague discomfort), and weight loss.
Gastrointestinal: The patient denies nausea, vomiting, diarrhea, constipation, change in bowel habits, abdominal pain, melena (black stool), hematochezia (bloody stool), and jaundice (yellowish pigmentation of skin/eyes/mucus membranes).
Musculoskeletal: The patient denies back pain, joint pain, joint swelling, muscle cramps, muscle weakness, stiffness, and arthritis.
Skin: The patient denies rash, itching, dryness, and suspicious lesions.
Neurologic: The patient denies transient paralysis (sudden but not necessarily permanent paralysis), weakness, paresthesias (pins and needles), seizures, syncope (fainting), tremors (trembling/shaking), and vertigo (spinning movement feeling).
Ears/Nose/Throat: The patient denies earache, ear discharge, tinnitus (ringing in the ears), decreased hearing, nasal congestion, nosebleeds, sore throat, hoarseness, dysphagia (difficulty swallowing), and dentures.
Genitourinary: The patient denies dysuria (painful urination), hematuria (bloody urine), discharge, urinary frequency, urinary hesitancy, nocturia (waking at night to urinate), incontinence (involuntary leakage of urine), and genital sores.
Psychiatric: The patient denies depression, anxiety, memory loss, mental disturbance, suicidal ideas, hallucinations, and paranoia.
Heme/Lymphatic: The patient denies abnormal bruising, bleeding, enlarged lymph nodes, clotting disorders, and abnormal skin pallor.

Vision OD_____ OS_____

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Without Correction: 20/400 PH 20/80-2 20/150 PH 20/70-2

Snellen Chart: Standard
Alert and Oriented: x3 (person & place & time)

Exam	OD	OS
Visual Fields:	Full	Full
Amsler Grid:	Normal	Normal
Pupils:	Equal and Reactive	Equal and Reactive
Pupil Size:	4mm	4mm
Motility:	WNL	WNL
Pressure:	21 mmHg Applanation 2:23pm	25 mmHg Applanation 2:23pm
Dilation:	Neo 2.5% and Mydriacyl 1% 2:20 PM by AS	Neo 2.5% and Mydriacyl 1% 2:20 PM by AS

Dilation risks, benefits, alternatives discussed. Pt warned of blurred vision, recommendation for sunglasses, and offered assistance with ambulating inside office or to car.

Slit Lamp
O.D. There is mild dermatochalasis. The conjunctiva is noninjected. The cornea is clear. The anterior chamber is deep and quiet. The iris is normal. Trace nuclear sclerosis is noted.
O.S. There is mild dermatochalasis. The conjunctiva is noninjected. The cornea is clear. The anterior chamber is deep and quiet. The iris is normal. Trace nuclear sclerosis is noted.

Fundus
O.D. The vitreous is syneretic. There are no vitreous cells. The cup-to-disc ratio is 0.1. The optic disc has few pre-retinal hemorrhages nasally. Diabetic retinopathy is noted. Macular examination demonstrates microaneurysms and intraretinal hemorrhage. There is clinical retinal thickening. Peripheral examination shows scattered intraretinal hemorrhage. No retinal tears or retinal detachment are seen. There is a large superonasal NVE. There is PRP
O.S. The vitreous is syneretic. There are no vitreous cells. The cup-to-disc ratio is 0.2. The optic disc is unremarkable. Diabetic retinopathy is noted. Macular examination demonstrates microaneurysms and intraretinal hemorrhage. There is clinical retinal thickening. Peripheral examination shows scattered intraretinal hemorrhage. No retinal tears or retinal detachment are seen. There is PRP.
Special Testing Ordered

OCT, Retina
Tech: AS **Camera:** Cirrus HD
O.D. Preserved foveal contour, no edema. Mild superior ERM. The central retinal thickness measures 311 mu.
O.S. Preserved foveal contour, no edema. Mild superior ERM. The central retinal thickness measures 308 mu.

Procedure Note

- **Name:** PRP (panretinal photocoagulation)
- **Quantity:** 1
- **Treated Eye:** OD (Right)

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- **Anesthesia:** Topical Tetracaine 0.5%
- **Diagnosis:** Diabetes, type 2, with proliferative diabetic retinopathy without macular edema, bilateral (ICD10-E11.3593)
- **Applications (#):** 464
- **Power (mW):** 160
- **Duration:** 100
- **Procedure Notes:** PROCEDURE AND FINDINGS: The indications, risks, benefits, adverse effects, alternatives to treatment, and possible complications of treatment are discussed with the patient, stressing that the primary benefit of this treatment is in treating the proliferative retinopathy. The possibility that the vision may still decrease with or without laser treatment as well as the possibility that laser may cause a decrease in vision was explained to the patient. Informed consent was obtained.

  DETAILS OF PROCEDURE: The patient was brought into the Laser Room, and topical anesthesia was placed on the eye. Argon green only laser was placed in a panretinal photocoagulative pattern. The patient tolerated the procedure well and left the Laser Room in good condition. The patient is instructed to phone the office immediately if there is a decrease in vision or an increase in pain.
- **Provider / Tech Initials:** RI

Impression
Diabetes- type 2- with proliferative diabetic retinopathy without macular edema- bilateral (ICD10-E11.3593)

Recommendation
Juan Fernandez was seen in retinal evaluation for diabetic retinopathy. He has history of panretinal laser in both eyes. He reports history of long-term poor vision for the right eye, likely consistent with amblyopia. He received PRP in the left eye at the last visit and was supposed to return in 2 weeks, but he was lost to follow-up. Fundus exam shows moderate panretinal laser with large area of neovascularization elsewhere superonasally for the right eye and left eye shows multiple small areas of neovascularization in the mid periphery. OCT cross-sectional macular exam shows mild epiretinal membrane with no macular edema. Fluorescein angiography at the last visit showed a prominent area of neovascularization superonasal to the disc for the right eye, and the left eye shows multiple peripheral areas of neovascularization elsewhere.

We discussed treatment options and elected to perform additional panretinal laser to the right eye today. He was recommend to return in 2-3 months for repeat exam with IVFA.

Protocol Reviewed

Electronically signed by Benjamin B.A. Bakall on 03/11/2020 at 3:08 PM